

Submitted in lieu of Form 3160-5 (June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT" - for such proposals.

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

RECEIVED

OCT 18 2013

Farmington Field Office  
Bureau of Land Management

1. Type of Well:

Gas

2. Name of Operator:

BURLINGTON RESOURCES OIL & GAS COMPANY LP

3. Address and Phone No. of Operator:

P. O. Box 4289, Farmington, NM 87499  
(505) 326-9700

4. Location of Well, Footage, Sec. T, R, U:

FOOTAGE: 2610' FSL & 2200' FEL  
S: 02 T: 029N R: 007W U: J

5. Lease Number:

B-10037-55

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NMNM-7847A

8. Well Name and Number:

SAN JUAN 29-7 UNIT 47B

9. API Well No.

3003925622

10. Field and Pool:

MV - BLANCO::MESAVERDE

RCVD NOV 6 '13  
OIL CONS. DIV.  
DIST. 3

11. County and State:

RIO ARRIBA, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Recompletion	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Non-Routine Fracturing
<input type="checkbox"/> Abandonment	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Water Shut Off
	<input checked="" type="checkbox"/> Other- Re-Delivery	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

This well was re-delivered on 10/3/2013 and produced natural gas and entrained hydrocarbons.

Notes: REDELIVERED, WELL SHUT IN FOR MORE THAN 90 DAYS DUE TO NEW DRILL ON SAN JUAN 29-7 UNIT 93C

TP: 0 CP: 200 Initial MCF: 2

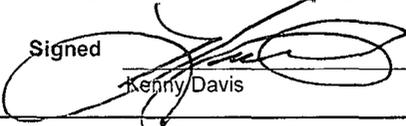
Meter No.: 99436

Gas Co.: ENT

Proj Type.: REDELIVERY

14. I hereby certify that the foregoing is true and correct.

Signed

  
Kerry Davis

Title: Staff Regulatory Tech.

Date: 10/3/2013  
REGISTERED  
AFMSS

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

BY



CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements.

NMOCDCa